The MEDICAL MISSIONARY

It's Not Much Fun Playing Mother

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The MEDICAL MISSIONARY

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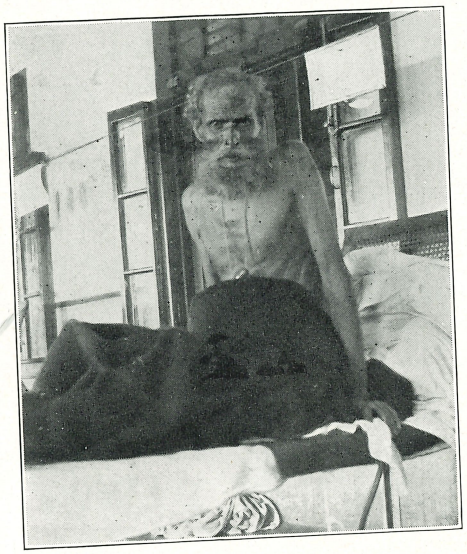
PRINCE OR BRICKLAYER

By SISTER M. LAETITIA, R.N.

"AGE: 127. Occupation: Saint." So ran the admission ticket. We—ll, may be, but one felt doubtful.

A long, white beard framed his benevolent old face upon which were engraved deep lines of pain; snowy, curly hair, a little bedraggled when he came, for he had traveled far and was very ill, trailed down his back.

On the previous day a long telegram had been received stating that Bhinendra Proshad Chowdhuri Maharaj was en route for the hospital and would arrive by river boat in the night. The "Maharaj" at the end of the list of names caused quite a stir. At first it was read as "Maharaja." What on earth to do with such an entity! Later someone began to question the interpretation of the telegram. A Maharaj may mean almost anything in this part of India—a cook, a bricklayer, a priest, a prince, etc. We were prepared for anything (one is in India), and had a bed made up in three different places for our Maharaja-cook-bricklayer-priest, hoping that he would turn out to be a more simple person than a prince; for such a person in India (or anywhere else in the world) would require a great deal of attention and much more space for the accompanying retinue than the hospital, though large, could afford to give.



HE TURNED OUT TO BE A VERY OLD BRAHMAN PRIEST

He turned out to be a very old Brahman priest (suffering from intestinal obstruction), and a very sick man. For some hours he reached none of the beds prepared for him, but spent the time on a hard, narrow operating table.

Next morning, on being asked how he was, he replied: "Better" in a very weak voice. He was an incurable optimist as to his condition, for, even though he was going down hill rapidly, he always thought and hoped against hope that he would win the fight for his life which he was so obviously losing.

A group of junior sunniasis were with him. When one of these young men was questioned as to his age, he replied seriously: "I am eighty-three." That was almost too much for one's gravity, for he was patently not more than twenty-five. One felt that at the rate he had accumulated years (and wisdom?) he must have been quite old when he was born.

They were all Brahmans, of course, and there happened to be a Brahman nurse in the ward (the only one in the hospital, as the Brahmans consider themselves superior to the nursing profession). She explained that the reason the sunniasis try to increase their age so rapidly is due to the idea that a successful priest must live to be at least one hundred and fifty years old. Those who die earlier are classed as failures and are displeasing to the gods—the latter number thirty-three crores (one crore equals ten millions); no wonder they are afraid of incurring the wrath of the gods whose number is legion. They were a keen, intelligent people of a very superior type, always exceedingly polite, and grateful for the slightest attention. Though they appeared to be well blessed with this world's goods, they wore very little clothing—just a spotlessly clean dhoti twined around the waist and reaching almost to the ground. Their chests were bare except for the Brahman's golden cord, which in reality consists of a soiled piece of string.

One's heart went out to the old man in his sufferings, which were extreme, but most patiently born. In reply to the question: *"Aponi kemon achhen?"* (How are you?) he would answer, with a little smile: *"Ami bhalow achhi"* (I am well). After nearly two weeks of wavering between life and death, the old man finally gave up the struggle and, amid much weeping and wailing, was hurried off to the burning ghat—a failure!

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WASHINGTON

During this past month the Medical Mission House has been filled with sadness on account of the death of two of our oldest and most beloved benefactors, Mrs. Joseph P. Cullen and Mrs. Margaret Talty. They were both active members of the Washington Auxiliary.

Mrs. Cullen passed away very suddenly on November 25. Sudden as the call was, however, we have the joy of being confident that her lamp was trimmed and full of oil, for all her works were an offering to the Lord. The very day before she had been working to make our cake sale a success. And what a cheerful, tireless worker she was! Quiet, unassuming, with a sweet smile or a cheery word for everybody, she went about doing good. The good that she did was the telling kind without any labels on it—somebody richer by turkeys for Thanksgiving (the Medical Missionaries can tell you about that), little children warmer by gifts of winter coats or knitted stockings. It didn't matter what it was, the gift, but it was always something most needed at the moment it was given, and something given from the motive of love, love for all mankind. Mrs. Cullen's love and charity, though it began in the home, extended far beyond the family circle, to all who needed it, to the helpless and the poor. She was indeed a devoted wife, a loving mother and a friend to all.

Mrs. Talty had been failing in health for some time and was on her way back to Washington to spend her last days when death overtook her. A woman of great executive ability, as shown by the Nazareth Retreat House, she interested herself in many directions, among them Medical Missions. Notwithstanding the demand on her time and energy for her larger undertakings (she was also for some time on the staffs of the Catholic Charities of the District of Columbia, and the Board of Children's Guardians), and in spite of her delicate health, she always had, or made, time to help our struggling little community. Hers, too, was a large and generous heart. When the Society needed a place to hold its auxiliary meetings, Mrs. Talty immediately came forward and offered the use of her house. Her offer was accepted, and the meetings have been held there ever since; and now, with the kind permission of Miss Fitzpatrick (who is carrying on the Retreat work so ably started), we shall continue to use it.

We ask our readers to join with us in praying for the repose of their souls.

MRS. JOSEPH P. CULLEN

RAWALPINDI

Dr. Dengel writes:

"Tomorrow we are starting a branch dispensary in the city. Dr. Franklin has been so good as to lend us her house (a native one) which she built there recently. It is to be called 'St. Francis.'

"I received a wire last night from my brother. [*Ed. Note.*—Dr. Dengel's brother was ordained last summer at Mill Hill, London, and has been sent to the Nellore Mission.] He arrived in India a few days ago, and the Bishop is going to allow him to come up here to see me. It will be very nice."

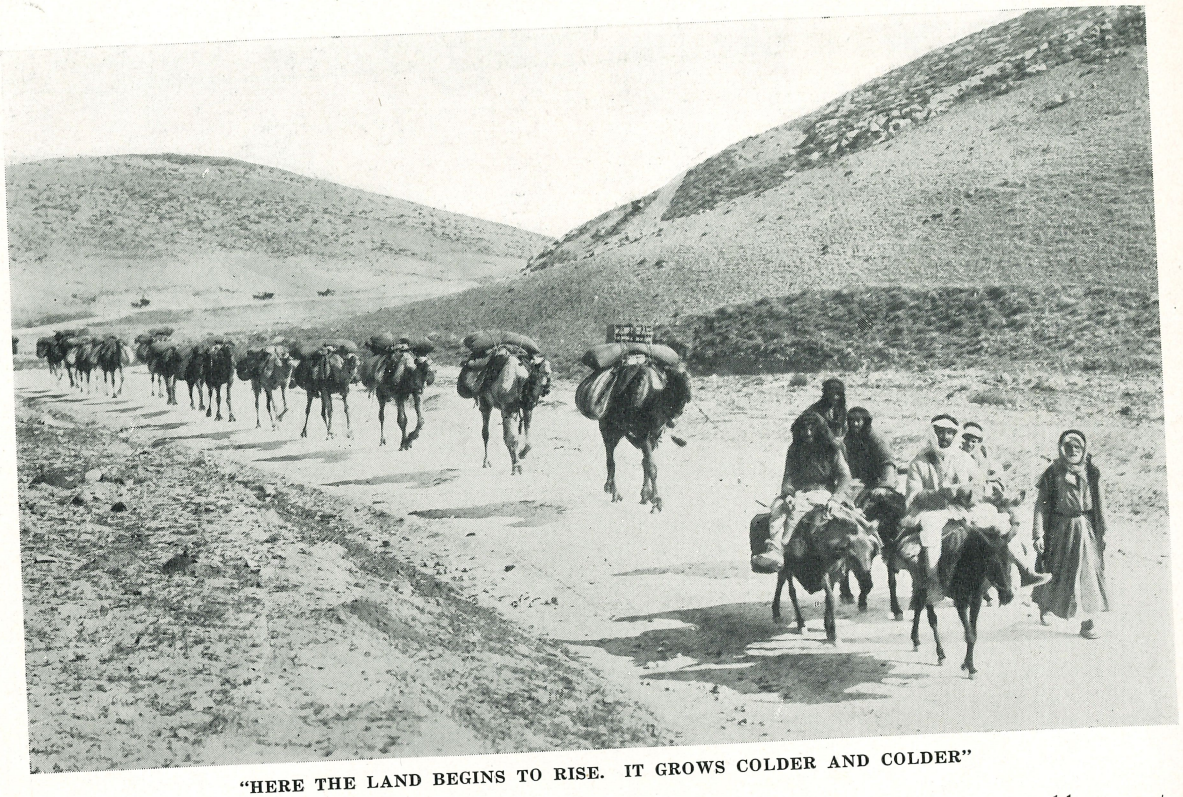
NEW YORK TO HOLD MISSION EXPOSITION

The first mission exposition on a large scale to be organized under the auspices of the Society for the Propagation of the Faith will be held in New York, in the main dining room of the Hotel Commodore, from January 14 to 21. It is under the management of the Rev. Thomas J. McDonnell, diocesan director of the S. P. F., and is planned as an educational feature in preparation for Mission Sunday observance in the archdiocese of New York on January 21. Father McDonnell has most kindly given us a booth at the exposition. We are very much indebted to him for affording us such a wonderful opportunity to exhibit our work. We hope our New York friends will come to see us there.

We wish to acknowledge with gratitude the generous gifts received from the St. Elizabeth Social Circle of Rochester, N. Y., and the Mary Ann Circle of Lafayette, Ind.

ON THE PATHWAY JOSEPH TROD

By E. KANE, M.D.



"HERE THE LAND BEGINS TO RISE. IT GROWS COLDER AND COLDER"

WE DO not know how long, or where, the Holy Family stayed in Bethlehem; we do not know at what time Joseph was warned to flee with Jesus and Mary into Egypt: but if he were told only at the moment when Herod gave the command that the children of Bethlehem be beheaded, how quickly he, Joseph, must have obeyed the order so as to have escaped, for less than five miles away across the valley, over a country so pitifully easy to cross, so pitilessly lacking in hiding places, were Herod's court and Herod's soldiers.

Christ then took His longest earthly journey, going down into Egypt. And down it is! Down from the raw, biting, winter winds of Bethlehem (though it is warm at noonday) into the heat of the deserts of Egypt; down precipitous gorges, over rocky, desolate canyons: treeless, with a few gray, parched, scrawny shrubs, rare grass, no water; down, down, down, no sign of habitation save small villages set on distant mountain tops: precipices, huge boulders, rare caves; stones big, small, gray, rough, hard, lumpy . . . no grass . . . desolation . . . deserts . . . Egypt!

From Egypt, the child Jesus returned to Palestine with His parents—Egypt warm, sandy, partly a desert waste . . . past pleasant green oases set in the clean, dazzling sands: oases where clear, cold waters flowed . . . palm trees, tall and green; warm breezes, desert sandstorms, trackless wastes. Did He, for safety from the many robbers who infested the routes of trade, travel with huge caravans, or were His possessions so paltry, His donkeys so old, that He would be safe from the molestations of highwaymen? Possibly, He gazed upon or even camped at the foot of the Pyramids. Then on past Port Said, where little fishing boats with their picturesque three-cornered sails, set out daily to the Mediterranean. Port Said, a city set in a land which is half water, pools great and small: one approximately two by three miles in size, so shallow that men have made a footpath across its center by mounding up small heaps of earth as stepping stones; others, deeper: all surrounded by wide, white bands of dried salt. Around the pools was desert, a waste of mile upon mile of gleaming sand—no blade of grass, no bird, no sign of life; nothing but a mournful, empty wilderness, the water of salt pools reflecting the blue of a cloudless sky, the sand sending back rays of the sun in a blinding glare. Occasionally there were oases with palm trees, pools, feeding these palms, of such small volume that within less than a block of where the spring gushed forth the water is absorbed by the dry desert sands and by the trees . . . sometimes no visible springs, the water coming up from deep wells . . . Arabs camping in these oases . . . a few

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FATHER COQUARD AND HIS PUPILS

R. I. P.

We read recently with great regret of the death of Rev. Father J. M. Coquard, A.M., at the age of seventy-four years at Abeokuta, Nigeria. Father Coquard was an enthusiast and pioneer in the Medical Mission cause. To his priestly duties, he joined those of a doctor, for which he had special dispensation. He built a beautiful hospital in Nigeria, for which he had begged the means, and dedicated it to the Sacred Heart. Shortly after the foundation of our Society, Father Coquard asked us to take charge of this hospital, but owing to the fewness of our numbers we were obliged to refuse, and the Medical Mission Institute of Würzburg came to his rescue. One of the interesting features of this hospital is its training school for African midwives.

Father Coquard will always be remembered by our Society, for he was one of the first to send us words of encouragement in the strongest and most positive terms.

May he rest in peace.

HOSPITAL INCIDENTS IN THE ORIENT

By MARY NOLAN, F.R.C.S.

Visiting Hour in a Large Calcutta Hospital

Visiting time is an amusing spectacle for the westerner. Bengalis in expensive cars and clad in scanty muslins, accompanied by many children, arrive bearing fruits and tiers of *dechkies* (pans). They always bring the children, in spite of the *Durwan's* advice. The little ones enjoy hugely their enforced stay in the hall, for is not an elevator an unending source of delight? Mofussal ladies, however, prefer a long climb, in spite of the gibes of their men folk, rather than trusting themselves to the unknown "lift." Parsees in wonderful *saris* are usually driven up in smart cars, while old Jewesses, in flowing dressing-gowns, accompanied by daughters in the latest French voiles, walk to the hospital. Then, there are the Indian Christians with over-dressed babies; Chinese ladies in plain black sateen pajamas huddled together, four in one rickshaw, bringing presents for their friends; Anglo-Indians, in toilettes fit for the Boulevarde des Angles, in rickshaws, gharis, taxicabs, or private cars. The latter, as a rule, have a servant to carry their gifts. As Mohammedans keep mostly to the *purdah-nashin* hospitals, only a few fezzes are to be seen. Occasionally a Japanese brightens the scene with her pretty kimono, or

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THE POSITION OF WOMEN IN THE CAMEROONS AND IN EQUATORIAL AFRICA

By His Excellency Alexandre Le Roy
Archbishop of Carie, Formerly Vicar Apostolic of Gabon

THE Minutes of the 22nd Session of the Mandates Commission of the League of Nations record Mlle. Dannevig's courageous intervention on the subject of the deplorable position of women in the Cameroons, and the reply of M. Marchand, former Commissioner of the Republic.

The reply shows that M. Marchand has inadequate knowledge of the question: *De minimis non curat praetor?* . . .

It is necessary to state the exact truth, which is: the question deals especially with polygamy, and the general position of women, and of widows.

1. *Polygamy.*—Everyone agrees that polygamy in Africa cannot be suppressed by an order or decrees. The adoption of this desired reform must be left to time and especially to the work of the Christian Missions. But in the name of morality and of justice and of the material interests of the colonies where it exists, one has the right to demand that Colonial Administrations shall not favor it.

Yet to confine public schools to polygamous teachers is surely to favor and encourage it. Young school masters use their good salaries to buy wives. The master at Nanja Ebojo has five. The Catholic monogamous master of Akok, in a Catholic district, was sent to a Musulman district, and replaced by a young polygamous master enriched by four wives, and that in a Catholic village.

The hospital at Nanja Ebojo was recently governed by a male nurse who had 48 wives; he kept six or seven with him, and the other forty were in his own district, three hundred kilometres distant, where they worked on his plantations. Under such conditions are not these women common slaves?

But these old polygamists have doubtless many children? Well no, the majority of these men are worn out, ill, or syphilitic. Consequently many young men being unable to marry for want of means, the population is decreasing in a disquieting manner, to the detriment of the material welfare of the country, and also of justice and morality.

2. *The General Position of Women.*—In the Cameroons, as indeed in all Equatorial and Western Africa, the woman does not belong to herself. She is, in the strict sense of the term, the *property* of her family, represented by a maternal uncle, her father, or eldest brother. If then the head of the family gives a woman to a suitor, he exacts in return a definite sum, improperly called a "dowry," or else another woman to replace her. If, as often happens, there are several suitors, the woman becomes the object of a kind of auction and is given to the highest bidder, without being consulted, without her knowledge, or against her will. And sometimes in her childhood, before she has even come to the age of reason.

It hardly seems possible at the present moment to liberate these women and suppress this custom of "dowry," but could not, nay should not, the Administration permit a woman thus bought, the liberty to have herself re-bought by a monogamous suitor, who should refund the dowry paid for her.

As to the minimum age of marriage for girls, M. Marchand states that it is fixed by the Administration at fourteen. Yes, this decree, of which the majority of the natives are ignorant, may be strictly observed by those who reside in the vicinity of a chief or sub-chief of a district, but how are those, who live two or three days' journey from any official, to be compelled to observe it? At least every responsible European should be empowered to perform the civil ceremony of marriage under certain defined conditions.

As to the wives of multi-polygamists, above all with regard to those acquired without their knowledge, against their will or before the age of puberty, would it not be just to allow them, if

they wish, to be bought back by a monogamist suitor, who would refund the dowry paid for them?

M. Marchand replies that if they wish they can redeem themselves by the sale of produce gathered by them in the forest. Here M. Marchand forgets: (1) that married women are not free to work for themselves, for their own profit; (2) that palm groves are by no means common property; they have their owners, and if there are any free ones, a woman could not climb a tree and gather the necessary quantity of palm nuts, several tons, to redeem herself, especially at the low price to which palm nuts have fallen.

The redemption of a wife by *her own* labor is practically impossible.

3. There remains the question of *widows*. The custom in the Cameroons, a custom which has the force of law, demands that a widow and her child shall pass into the hands of the deceased heir, with his furniture, his fowls and his goats. The heir disposes of them; he keeps the widow for himself, or hands her over to a suitor, for a dowry. But in no case is the widow free; she remains what she was, a *piece of property, an object of value.*

Contrary to what M. Marchand states, she cannot work for herself, or obtain freedom by gathering and selling the palm nuts, nor yet return to her family, or wed some suitor of her choice.

Under these conditions, should not the Administration give a widow liberty to dispose of herself and her children? M. Marchand adds (p. 213 of the English Report) that as divorce exists throughout the territory, wives discontented with their lot have every freedom to contract a new union.

Yes, but (1) as the wife *belongs* to the man who has bought her by paying the dowry, the Tribunal, composed of a European official and two native assessors, can only return her to her proprietor. (2) In order to plead, she must leave her village and come before the Tribunal, which the woman is not free to do. (3) A certain sum must be paid, and the woman has not got it. (4) In fact, in practice, the woman is always in the wrong.

Another anomaly, not to say injustice. In the Cameroons there are two statutes on which all judgments are based: the Musulman and the fetishtic; there is no Christian statute, monogamous, or French, although in some districts Christians form the majority of the population or an imposing minority. Consequently Christians are judged by fetish customs, which they have formally rejected.

M. Marchand concludes: "According to the spirit if not the letter of the mandate, a mandatory Power must endeavor to preserve native customs, where these are not contrary to good morals."

Exactly, but is not the position of women, as detailed above, contrary to good morals, and should not the Administration take an interest in it?

In conclusion we ask:

(1) That every wife of a polygamist who wishes to contract a union with a monogamist shall be authorized to redeem herself (through the intervention of her suitor).

(2) That every widow shall be set free with her children, or at least be free to obtain redemption.

(3) That monogamists, generally Christian, shall be judged according to their own customs, as fetishtic polygamists and Musulmans are judged according to theirs.

(4) That the assessors of judges shall not be chosen solely among fetishists and Musulmans.

[*Note.*—We take pleasure in reprinting this article at the request of *The Catholic Citizen.*]

A STUDY IN COLOR

India is said to be a land of variety. Even on such a small dot on the map of Hindustan as the Holy Family Hospital, this can be verified. Just within the last three weeks we had four babies born of different races and a fifth admitted who was of still another race.

The first baby was quite white, being of purely European parents who have been in India for a short time. The second, although claiming Anglo-Indian parentage, that is, people born in India of European parents, was also white. A third one, a nice little five-pounder (he was a Caesarean-section baby) whose parents were both Indians and Hindus, had a pretty light brown complexion. Then a Eurasian mother whose husband was an English Tommy was admitted into the hospital. The baby was the picture of his father, having greyish-blue eyes and sandy hair; but, even in his fair complexion, the experienced eye could detect a hue of duskiness. The last baby, little Neville, who was admitted on his second birthday, presented a difficulty in color prognostication as the little fellow was undernourished and his skin in a very bad condition. His parents were both Eurasian.

ANNA DENGEL, M.D.

CHANGE OF ADDRESS

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The Society of Catholic Medical Missionaries is a religious community founded for the purpose of bringing medical aid to the foreign mission field. Please address enquiries to: Dr. Anna Dengel, Catholic Medical Mission House, Brookland, Washington, D. C.

European Subscriptions: 5/ a year. English Address: Mater Christi House, Thornbury Road, Osterley, Middlesex, England.

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These were certainly the nicest "saints" that one would ever hope to meet. One sees so many rather repulsive holy people in India, particularly in Delhi and Benares, where they gather in great numbers. Many of them wear no clothes, or, like Kipling's Gunga Din: "—nothing much before, an' rather less than 'arf o' that be'ind."

ON THE PATHWAY JOSEPH TROD

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camels, several miserably poor Arabs, tents or houses made of baked mud bricks and straw. The Arabs dressed in long, flowing robes tied at the waist by a belt, sandals on their feet, their heads covered by a flowing bit of cloth attached by a ring of rope fitting snugly over the hair. Then a few villages, pools disappear, but still desert.

Here the land begins to rise. It grows colder and colder. Dried bits of grass come into view. The slopes become rolling plains with bits of scrub oak or mimosa a foot or two high, grayish, wind-buffeted, parched—stones in abundance. Sheep, goats, donkeys, shepherds, and later even ploughmen come into view. Many villages appear, clustering ever closer and closer, till every other hillside shows at least a few houses, orange and olive groves in abundance, homes of two stories made oftener of stone than of adobe. Shepherds and farmers, Armenian, Jew, and Arabian live here. On the last twenty miles of the journey to Jerusalem, the hills rise abruptly, then great cliffs, deep valleys and gorges, and suddenly Jerusalem is seen at the very summit of the mountains nestling down on one of the few gently rolling areas to be found so high up in the world.

HOSPITAL INCIDENTS IN THE ORIENT

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even a gaily dressed Burmese, and I must not forget to mention the sturdy hill folk who, to make up for the drab color of their clothes, adorn themselves with necklaces which would make any up-to-the-minute western girl green with envy, and whose broad smiles for everyone make a sultry evening much less trying. As many as ten people come to see one patient, even a few hours after a major operation, and are much struck by the hardness of the ward sisters who turn them away.

No matter what the race, one and all are disappointed at the news that a baby girl has arrived. I have even known fathers who would not go up to the ward to see their wives when they heard it was not a boy. Some anxious parents who make enquiry on the 'phone, go so far as to drop the receiver with disgust when a girl is mentioned.

Every Sunday finds the lady from the Bible Depot busy distributing "tracts" to all. The Salvation Army workers swathed in *saris* leave their magazine at each bed. The Seventh-Day Adventists also leave literature, while the Anglican sisters speak only to their own flock and do not give papers unless patients ask for them. A Jesuit Father who acts as chaplain has the run of the hospital and visits each ward daily. Because of his visits many Bengali babies get an unexpected passport to Heaven. Quite a few mothers wish their sick babies to be blessed.

The Ward Round

Seven-thirty every morning sees the compound full of white clad figures hurrying to the hospital to be there before the professor's bell is rung. Do not expect these medical students to be garbed in Oxford bags or plus fours, or the graver morning suit of the French student. Not at all! The military students are clad in Khaki drill and look like "Tommies." They are mostly Anglo-Indians, though one or two may be domiciled Europeans. Each batch of students attending hospital contains about one such. The Government keeps a watchful and motherly eye on these boys during their five years of study and then claims them as assistants in the different military hospitals throughout India. All the Hindu, and a few of the Mohammedan, students are clad in *dhoti* and shirt and a few, perhaps, wear a coat as well. The Mohammedans usually affect an ordinary English type of washing suit. When the Hindus pass out of college, they appear in suits and become "House Surgeons." All of the women students wear *saris*.

India being a land of contrasts, some students will wear a crepê de chine shirt with a roll collar and elaborate gold studs and cuff links over a stiff Dacca muslin *dhoti* (which when spread out to dry is twelve yards long). Then to complete the outfit will be English patent shoes, silk socks, suspenders, handkerchief of a brilliant hue and the latest in colored fountain pens. Others will wear a cheaper line of shirts without a collar, English shoes and no socks, and the patriotic a *Khadder* shirt and *dhoti*, no socks and Indian slippers made of crocodile or snake skin. Mohammedans often wear red velvet slippers.

Though in appearance the Indian medical student is quite different from the western one, his trials during the surgeon's rounds are, I believe, the same the world over. The Bengali, however, to save his face will never given a definite opinion; "the tumour is big, but not so big"; "the child is in normal position" but as to what position it is in, nothing will induce him to say. The scolding, inevitable to such rounds, is taken in excellent part. Only a few are serious about gynaecology and obstetrics, as most men do not practice these branches of the profession in India. The man's part still is to advise behind closed doors. Therefore, on these questions the professor pays most attention to the women students as there is a limitless field open to them.